MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

10/018253

(703) 305-6421 FILING DATE

CLAIMS AFTER 1st AMENDMENT AFTER 2nd AMENDMENT AS FILED IND. DEP. IND. IND. DEP.

В

OTAL

14 34400

APPLICANT(S) IND. DEP. IND. DEP. IND. DEP.

TOTAL _1 TOTAL DEP.

CLAIMS

Manager.

AND AND

OTAL

OTAL

2.0

^{*} MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS